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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1957

57 021909
STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 5799 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) Holliday Marion		c. CITY OR TOWN Madison	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXXX		d. STREET ADDRESS XXXXXX	
3. NAME OF DECEASED (Type or print) First Lee Middle Leander Last Hayden		4. DATE OF DEATH Month 6 Day 13 Year 1957	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/11/1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home making		10b. KIND OF BUSINESS OR INDUSTRY housewife	
11. BIRTHPLACE (City and state or country) Holliday R R Monroe Co		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jim Parrish		13b. MOTHER'S MAIDEN NAME Nancy Snidow	
14. NAME OF HUSBAND OR WIFE Tom Hayden		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Leonard Sudsberry	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 11/15	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from June 2 to 57 and last saw her alive on May 2-57 Death occurred at June 13-57 on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Edna M. Ruppel MD	
22b. ADDRESS Madison, Mo		22c. DATE SIGNED 6-15-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6/15/1957	
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill		23d. LOCATION (City, town, or county) (State) Madison, Mo	
24. FUNERAL DIRECTOR Fred A Thompson		ADDRESS Madison, Mo	
25. DATE RECD. BY LOCAL REG. 6-17-57		26. REGISTRAR'S SIGNATURE Edna Ruppel	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Frederic A. Thompson, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Frederic A. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.